

APPLICATION FOR REGISTRATION GARMENT MANUFACTURING INDUSTRY



INSTRUCTIONS: Answer all questions. All requested information must be clearly typed or printed in ink. If the question is not applicable to you, put "NA." Submit this application with the required fees payable to the Division of Labor Standards Enforcement. Fees shall be **paid by certified check, cashier's check or money order.**

**If additional space is needed to answer any question, attach a separate sheet of paper and include the number of the question that you are continuing.*

1. Type of Ownership (Check One)	
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Other _____ Specify _____	
2a. Name(s) of Legal Entity	2b. Type of Registration (Check One) <input type="checkbox"/> New <input type="checkbox"/> Renewal _____ (Registration No.) <input type="checkbox"/> Change Of Entity _____ * Previous Registration No.
3a. State Employment Tax ID (SEIN) No.	3b. Internal Revenue Service (FEIN) No.
4a. Fictitious or Doing Business as (DBA) Name(s)	
4b. Total Number of Employees for All Locations (Attach most recently filed EDD DE 6 Quarterly Report)	4c. Amount of Gross Sale Receipts for the 12-Month Period Preceding the Filing of this Application
5a. Main Office Address (Number, Street, City, State, Zip Code)	5b. Business Telephone ()
6a. Branch Locations or Other Locations Where Employees Will Work (Number, Street, City, State, Zip Code)	6b. Business Telephone ()
7a. Have you had an application for garment registration denied, or registration revoked or suspended during the past 3 years? <div style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
7b. If yes, have you had any gross sales receipts at anytime during the 3 years prior to filing this application for registration? <div style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
8a. Type of Applicant's Business (Check One Box Only) <input type="checkbox"/> Manufacturer <input type="checkbox"/> Contractor	8b. To Determine the Amount of Fees to Be Paid, Refer to Pages 5 and 6. Enter the Amount Here _____

DO NOT WRITE BELOW THIS LINE

SHADED AREA FOR OFFICE USE ONLY <input type="checkbox"/> WCI <input type="checkbox"/> FED <input type="checkbox"/> CON <input type="checkbox"/> INC <input type="checkbox"/> 24 CANG <input type="checkbox"/> IRS Clear Date _____ <input type="checkbox"/> FBN <input type="checkbox"/> STATE <input type="checkbox"/> IRS <input type="checkbox"/> LLC <input type="checkbox"/> EDD QTR Report _____ <input type="checkbox"/> PHL <input type="checkbox"/> EXAM <input type="checkbox"/> I.D. <input type="checkbox"/> BOND <input type="checkbox"/> WCI Date _____ Amount Received _____ Registration # _____	Postmark Date	Date Approved
	Reviewed by	Approved by
	Effective Date	Expiration Date

9. An Examination Is Required. This Examination Is Given Only In The Languages Listed Below. (Check One Box Only)

☐ English ☐ Spanish ☐ Chinese ☐ Korean ☐ Vietnamese ☐ Thai ☐ Other _____ Specify, Interpreter Will be Provided

10. Name, Title and Mailing Address (Street, City, Zip Code) of the Person (listed in items 11 (a, b, c) below) Authorized to Take the Examination.

11. In the Spaces Below, Provide the Following Information

Full Name	Residence Address	Social Security #	Percentage Of Interest	Drivers License No.
(a) Sole Proprietorship				
(b) Co-ownership, Partnership, Corporation, LLC (List Each Co-owner, Partner, Corporate Officer, Director, LLC Member)				
			_____%	
			_____%	
			_____%	
(c) Principal Investors and/or Shareholders (Include Only Those Having Financial Interest of 20 % or More)				
			_____%	
			_____%	

12. Managers and Supervisors Who Directly or Indirectly Control Wages, Hours And Working Conditions of Employees

13. Name and Business Address of Agent For Service of Process, If Corporation or Limited Liability Company

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14a. Within the past three years has any person named in item 11(a) through (c) or 12 above been issued a citation or assessment by either the United States Department of Labor or the Department of Industrial Relations for violating the Fair Labor Standards Act or the California Labor Code?

☐ Yes ☐ No

14b. If yes, give the names of the person and business that was cited or assessed, the date and amount of the citation or assessment, the disposition of any appeal on the citation or assessment, and whether the citation or assessment was paid and the date of payment.

Was a bond required? ☐ Yes ☐ No

15a. If you checked "New" in question 2b, have you, your immediate family members, any persons listed in items 11 (a) through (c) or 12, or any of their immediate family members operated in any capacity in the garment manufacturing industry? This includes, but is not limited to, manufacturing and contracting operations as well as the exercise of direct or indirect control over garment workers wages, hours, and working conditions.

☐ Yes ☐ No

15b. If yes, provide the following: name(s) and address(s) of the businesses, date(s) of operations, garment registration number(s) and date(s) of registration.

16. List the names and addresses (Number, Street, City, State, Zip Code) of all firms engaged in the garment manufacturing industry with whom you have done business, such as manufacturers, contractors, subcontractors, and leasing companies etc., during the past 3 years. (Use Attachment if Necessary)

Registration #	Name	Address

17a. Within the past five years, has any person named in items 11 (a) through (c) or 12 above been issued a judgment or entered into a settlement agreement for unpaid wages? ☐ Yes ☐ No

17b. If yes, provide the following:

- (1) Name of the Person and Business that Was Issued Judgment or that Entered the Settlement Agreement
- (2) Date the Judgment or Settlement Agreement Was Entered
- (3) Court Entering Judgment
- (4) Case Number
- (5) Amount Due According to Judgment or Settlement Agreement
- (6) Has this Amount Been Paid? ☐ Yes ☐ No
- (7) If Paid, Date of Payment

18a. Has any person listed in items 11 (a) through (c) or 12 had a garment registration revoked or an application for registration denied at any time? ☐ Yes ☐ No

18b. If yes, provide the following:

- (1) Name And Address of Business
- (2) The Period of Revocation or Date of Denial
- (3) The Reason(s) for the Revocation or Denial

19. Has any person listed in items 11 (a) through (c) or 12 filed bankruptcy last year? If so, please Indicate case number and court.

☐ Yes ☐ No

Case #: _____ Court: _____

CERTIFICATION

I hereby certify, under penalty of perjury, that the foregoing statements are true and correct.

I understand that ANY MATERIAL MISREPRESENTATION IS GROUNDS FOR DENIAL OR SUBSEQUENT REVOCATION OF THIS APPLICATION.

I understand that I may not operate as a garment manufacturer until I receive a Certificate of Registration issued by the Division of Labor Standards Enforcement (Labor Commissioner) following successful completion of an examination.

I understand that I agree as a condition of registration that I or any agents acting on my behalf must permit the Labor Commissioner or his or her designees access to all the business records or other information required in Part 11 of Division 2 of the Labor Code, commencing with Section 2670 and Subchapter 8 of Chapter 6 of Division 1 of Title 8 of the California Code of Regulations.

Signature Of Individual Owner, Partner, Member Or Corporate Officer

Clearly Print Name And Title:

Date: _____

MANUFACTURER'S CERTIFICATION (REQUIRED)
LABOR CODE § 2673.1

If you are applying for a garment registration certificate as a manufacturer (you checked "Manufacturer" in answer to Item 8a, "Type of Applicant's Business" on the application form), Section 13634 (b) of Division 1 of Title 8 of the California Code of Regulations requires that you certify the following statement:

I have applied for registration as a garment manufacturer. I hereby certify that I am aware of the wage provision of Labor Code § 2673.1. Under that provision, I, as a garment manufacturer, guarantee payment of my proportionate share of any unpaid minimum and overtime wages owing to any employees of the contractors with whom I contract for work performed by the contractor's employees on my behalf.

Signature of Sole Proprietor, Partner, Member, or Corporate Officer

Name and Title (clearly printed)

Date

PRIVACY ACT NOTICE

We ask for the information on the "Application for Registration - Garment Manufacturing Industry" [DLSE 810 REV. (03/02)] for the review of licensing qualifications and to determine fitness for licensing. The disclosure of your social security number(s) (SSN) is mandated by the California Code of Regulations, Title 8, § 13634 (a). The only purpose of this disclosure is to enable us to properly identify individual applicants when accessing law enforcement records.

HOW TO DETERMINE YOUR REGISTRATION FEE

The amount you pay for registration is determined by the your answers to certain questions and the amount of gross sales receipts that you report for a specified time period. Your answers to the following items on the application form will determine the amount of your registration fee.

IF YOU ANSWERED "NO" TO APPLICATION ITEM 7a

If you have **not** had an application for registration denied and if you have **not** had a registration revoked or suspended during the **three years** preceding the filing of this application, use **TABLE 1** to find the amount of your registration fee. (If your answer to **7a** was "yes," go the next section entitled, "If You Answered 'Yes' to Application Item 7a.")

IF YOU ANSWERED "YES" TO APPLICATION ITEM 7a

If you have had an application for registration denied or if you have had a registration revoked or suspended during the **three years** preceding the filing of this application, use **TABLE 2** to determine the amount of your registration fee.

TABLE 1
FOR USE BY APPLICANTS THAT ANSWERED "NO" TO APPLICATION ITEM 7a

TYPE OF BUSINESS (YOUR ANSWER TO ITEM 8a OF APPLICATION FORM)	GROSS SALES RECEIPTS FOR THE PRIOR 12 MONTHS (YOUR ANSWER TO ITEM 4c OF APPLICATION FORM ROUNDED TO THE NEAREST DOLLAR)	YOUR ANNUAL FEE IS
CONTRACTOR	\$100,000 or less	\$250
CONTRACTOR	\$100,001 to \$500,000	\$350
CONTRACTOR	\$500,001 to \$1,000,000	\$500
CONTRACTOR	\$1,000,001 or more	\$1,000
MANUFACTURER	\$500,000 or less	\$750
MANUFACTURER	\$500,001 to \$3,000,000	\$1,000
MANUFACTURER	\$3,000,001 to \$7,000,000	\$1,500
MANUFACTURER	\$7,000,001 or more	\$2,500

TABLE 2
FOR USE BY APPLICANTS THAT ANSWERED "YES" TO APPLICATION ITEM 7a

TYPE OF BUSINESS (YOUR ANSWER TO ITEM 8a OF APPLICATION FORM)	HAVE YOU HAD ANY GROSS SALES RECEIPTS AT ANYTIME DURING THE 3-YEAR PERIOD PRIOR TO FILING THIS APPLICATION? (YOUR ANSWER TO ITEM 7b OF APPLICATION FORM)	YOUR ANNUAL FEE IS
CONTRACTOR	No	\$500
CONTRACTOR	Yes	\$1,000
MANUFACTURER	No	\$1,500
MANUFACTURER	Yes	\$2,500